

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>				Docket No. 128955-2
Applicant(s): Sho Sato				
Serial No. 10/632,606	Filing Date August 1, 2003	Examiner Reddick	Group Art Unit 1713	
Invention: RESIN COMPOSITION FOR WIRE AND CABLE COVERINGS				
<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> JUN 9 2004				
<b>OFFICIAL</b>				
I hereby certify that this <u>Amendment Transmittal Letter (1 page) and Amendment (8 pages)</u> (Identify type of correspondence)				
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (703) 872-9306)				
on	June 9, 2004		(Date)	
<u>Tracy A. Axia</u> (Typed or Printed Name of Person Signing Certificate) <u>Tracy A. Axia</u> (Signature)				
Note: Each paper must have its own certificate of mailing.				

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 128955-2	
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Serial No. 10/632,606	Filing Date August 1, 2003	Examiner Reddick		Group Art Unit 1713	
Invention: RESIN COMPOSITION FOR WIRE AND CABLE COVERINGS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
TOTAL CLAIMS	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0862</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
<p><i>Patricia DeSimone</i> Signature</p> <p>Dated: June 9, 2004</p> <p>Patricia S. DeSimone Registration No. 48,137 Customer No. 23413 Phone No. (860) 286-2929</p>					
<p>I certify that this document and fee is being deposited on June 9, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1460, Alexandria, VA 22343-1450. V10 Facsimile No. 703 872 4306</p> <p><i>Tracy A. Axlak</i> Signature of Person Mailing Correspondence</p>					
<p>Tracy A. Axlak Typed or Printed Name of Person Mailing Correspondence</p>					